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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL  |                                       |                 | 7                            |  |
|--|---------------------------------------|-----------------|------------------------------|--|
| Conaway for Congress   |                                       |                 | 1                            |  |
| ADDRESS (number and street) PO Box 51272                         |                                       |                 |                              |  |
| CITY, STATE, and ZIP CODE  |                                       |                 | -                            |  |
| Midland  | -                                     | 10-1272         |                              |  |
| 2. NAME OF CANDIDATE Honorable Michael Conaway                   | 3. OFFICE SOUGHT (State and District) |                 | 4. FEC IDENTIFICATION NUMBER |  |
| - Introduce Michael Conaway                                      | House TX 11                           |                 | C00383828                    |  |
| 5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING                | YES, IT AMENDS THE                    | NOTICE FILED ON | /                            | /  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                       | Name of Employer                      |                 | Date (month,                 | Amount   |
| National Beer Wholesalers Association Political Action Committee |                                       |                 | day, year)<br>05/16/2012     | 3500   |
| 1101 King Street   |                                       |                 | 00/10/2012                   | 3333   |
| Suite 600  | Transaction ID: 24948000              |                 |                              |  |
| Alexandria VA 22314-2965   | Occupation                            |                 |                              |  |
|  |                                       |                 | Date (month,                 | Amount   |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                       | Name of Employer                      |                 | day, year)                   | Amount   |
|  |                                       |                 |                              |  |
|  |                                       |                 |                              |  |
|  |                                       |                 |                              |  |
|  | Occupation                            |                 |                              |  |
|  |                                       |                 |                              |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                       | Name of Employer                      |                 | Date (month, day, year)      | Amount   |
|  |                                       |                 | day, your,                   |  |
|  |                                       |                 |                              |  |
|  |                                       |                 |                              |  |
|  | Occupation                            |                 |                              |  |
|  |                                       |                 |                              |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                       | Name of Employer                      |                 | Date (month, day, year)      | Amount   |
|  |                                       |                 | uay, year)                   |  |
|  |                                       |                 |                              |  |
|  |                                       |                 |                              |  |
|  | Occupation                            |                 |                              |  |
|  |                                       |                 |                              |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                       | Name of Employer                      |                 | Date (month,                 | Amount   |
|  |                                       |                 | day, year)                   |  |
|  |                                       |                 |                              |  |
|  |                                       |                 |                              |  |
|  | Occupation                            |                 |                              |  |
|  |                                       |                 |                              |  |
| SIGNATURE (optional)   |                                       | DATE            | For further                  | information contact:                                 |
| Deanna Mayfield  | 05/16/2012                            |                 | Federal Election Commission  |  |
|  | [Electronically Filed]                |                 |                              | N, Washington, DC 20463<br>-9530, Local 202-694-1100 |
|  |                                       |                 |                              |  |

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